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ABSTRACT

A review of the literature provides support for values as an important factor which impacts clients' psychotherapy outcome in several ways. Perceived initial values similarity between client and therapist was found to be significantly related to more favorable evaluations of the therapist and of therapy. Initial similarity on broader philosophical values and dissimilarity on values related to clients' problem areas both appear to be significantly correlated with improved client outcome. Finally, clients' values do appear to converge with those of their therapists over the course of successful psychotherapy. The most consistent finding in a review of the research was that clients come to adopt the values of their therapists and that this convergence is significantly related to their improved psychotherapy outcome. Length of treatment was shown to be a significant factor for the occurrence of convergence. These findings place an ethical responsibility on therapists to acknowledge and evaluate the values they hold since these values will impact their clients. Since the current limited number of studies has used a wide range of values and outcome measures, comparison among studies are difficult. Future research which more systematically evaluates the relationships between client and therapist values will help to clarify which specific values and sets of values are significant for clients' improvement in psychotherapy. Seven pages of references complete the document. (NB)

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THE IMPACT OF SIMILARITY AND CONVERGENCE OF VALUES ON PSYCHOTHERAPY OUTCOME

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Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

DOUGLAS EUGENE SCARTH

1986

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THE IMPACT OF SIMILARITY AND CONVERGENCE OF VALUES ON PSYCHOTHERAPY OUTCOME

BY

DOUGLAS EUGENE SCARTH

A doctoral research paper submitted to
Rosemead School of Psychology
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1986

THE IMPACT OF SIMILARITY AND CONVERGENCE OF VALUES ON PSYCHOTHERAPY OUTCOME

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Abstract

A review of the literature provides support for similarity of values as an important factor which impacts clients' psychotherapy outcome. Perceived initial values similarity is significantly related to more favorable evaluations of the therapist and therapy. Initial similarity on broader philosophical values and dissimilarity on values related to clients' problem areas both appear to be significantly correlated with improved client outcome. Clients' values do converge with those of their therapists over the course of successful psychotherapy. These findings call therapists to acknowledge and evaluate the values they hold since these values will impact their clients.

Introduction

While there is a growing body of knowledge confirming the value of psychotherapy, differences in outcome between various forms of intervention are rare (Bergin & Lambert, 1978). In fact, research suggests that various techniques and theories account for relatively little of the client's actual change (Bergin & Suin, 1975; Lambert & Bergin, 1973; Luborsky, Singer, & Luborsky, 1975; Sloane, Staples, Cristol, Yorkston, & Whipple, 1975). As a result, it appears that factors other than the specific techniques or theory employed may account for the changes evidenced in clients during the psychotherapy process. These factors have been described as "nonspecific" since they are apparently not dependent on the therapist's orientation (Beutler, Johnson, Neville, & Workman, 1973). In fact, elements of the client/therapist relationship have been shown to be more powerful than the techniques employed (Truax, 1971; Truax & Carkhuff, 1967; Truax & Mitchell, 1971). The similarity between client's and therapist's values is one such "non-specific" factor which has received some systematic attention. The present review examines the existing research on the impact of values on psychotherapy outcome.

Values are inherent in the psychotherapy process and thus values both influence and are influenced by psychotherapy (Parloff, Waskow, & Wolfe, 1978).

Psychotherapy has been viewed as a process of interpersonal persuasion in which the therapist attempts to influence the beliefs, behaviors, and/or feelings of the client in a way that will lead to positive change. Some have in fact conceptualized psychotherapy as a process of systematically attempting to alter "maladaptive" or "destructive" values held by clients (Ellis, 1962; Samler, 1960).

As is apparent, influence in psychotherapy is not restricted to formal techniques. Within the social psychological research on attitude change there is a large amount of evidence that indicates that a person's attitudes will be more influenced by others he likes (McGuire, 1969). Cognitive consistency theories (Heider, 1958; Newcomb, 1968) suggest that such interpersonal attraction is mediated by the perceived similarity between self and others. According to social comparison theory (Festinger, 1954), the more similar others are to you the more comfortable you will be with them as models for comparison. On the basis of these theories, one would predict that clients who perceive their therapists to be similar to themselves will be more attracted to them and more influenced by them. If we can assume that the therapist's intent is towards a positive influence on the client, then it seems logical to hypothesize that some degree of similarity between client and therapist may improve the outcome of psychotherapy.

The research on value similarity and psychotherapy outcome has been mixed. There is evidence supporting the

similarity hypothesis. Similarity between clients and therapists on various value dimensions has been demonstrated to be related to judgments of improvement (Cook, 1966; Holzman, 1962; Landfield & Nawas, 1964; Parloff, Iflund, & Goldstein, 1960; Welkowitz, Cohen, & Ortmeyer, 1967). In addition, dissimilarity has been associated with disruption in therapy (Rosenthal, 1955). However, other researchers have found that dissimilarity of values is related to judgments of improvement (Edwards & Edgerly, 1968; Lesser, 1961; Pettit, Pettit, & Welkowitz, 1967). While no particular theory appears to account for all of these results, an attempt to integrate these mixed results suggests that it is not purely similarity which is important, but a compatible mixture of similarities and dissimilarities (Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985). Similarity between clients and therapists may facilitate clients' initial trust in the relationship, while dissimilarity might provide clients with a contrast object against which to assess their own conflicts, values, and style of life (Beutler, 1981). Attempts to discover the combinations of client and therapist characteristics that are predictive of positive therapy outcome began with the work of Whitehorn and Betz (1954, 1957, 1960). While these efforts have found some characteristics more beneficial than others, no one has yet specified which values are most suitable for positive change. The present review represents an effort to assess the values which

researchers have demonstrated to be significantly related to improved outcome.

Another result that complicates the picture on the relationship of values with psychotherapy outcome is that client's values have been demonstrated to change in successful psychotherapy (Beutler et al., 1983; Beutler, Pollack, & Jobe, 1978; Gurman, 1974; Schonfield, Stone, Hoehn-Saric, Imber, & Pande, 1969; Welkowitz et al., 1967). Values underlie other more manifest displays of the personality. They affect the way an individual evaluates himself and others. As such, it is important for the client's maladaptive or destructive values to be altered in psychotherapy. Research demonstrates that one way this may occur is by clients adopting (or converging toward) the values of their therapist (Welkowitz et al., 1967). In this sense, the therapist may provide a model of adaptiveness. In fact, therapists' values, which are reflected in their personal and professional value judgments, are conveyed in therapy and influence the client (Kessel & McBrearty, 1967). This communication may be both verbal (Ellis, 1971) or nonverbal (Claiburn et al., 1982), explicit (Tyson & Wall, 1983) or implicit (Cochran, 1983). Clients who come to adopt their therapist's values have demonstrate significantly higher improved outcome ratings than clients who do not adopt their therapist's values (Rosenthal, 1955).

Thus, values may impact psychotherapy in several ways. To begin, there is the effect of perceived value similarity

on initial expectations of the therapist and psychotherapy. Theory (Heider, 1958; Newcomb, 1968) and research (Bryne, 1968) suggest individuals are more attracted to people who the perceive to be similar to themselves than to those they perceive as dissimilar. This factor may be important for the establishment of an initial working relationship. Next, is the effect of initial value similarity on psychotherapy outcome. Social psychological research on attitude change demonstrates that a person's attitudes are more influenced by those he likes (McGuire, 1969). It may be that similarity of values in this way facilitates improvement, and dissimilarity disrupts therapy (Rosenthal, 1955). Another viewpoint (Arizmendi et al., 1985) suggests that a compatible combination of similarities and dissimilarities may be what is important. If this is the case, then it is important to clarify which values are significant for these relationships. Finally, convergence (the client's coming to adopt his therapist's values) may be an important component of improvement (Cook, 1966; Holzman, 1962; Parloff et al., 1960; Rosenthal, 1955; Welkowitz et al., 1967). All of the above areas have in fact received some empirical investigation. While the studies investigating the impact of similarity and convergence of values on outcome are limited in number and involve a wide variety of methodologies, a review of the research in this area is needed to clarify the present body of research and provide clear directions for future research.

Values - Definition and Operationalization

Any study of values must include a definition of what is meant by values. A variety of definitions have been offered for this term. A review of some of these will prove useful in reaching a clearer understanding of the use of this term in the current review. Kluckhohn (1952) saw values as a conception, explicit or implicit, and distinctive of an individual, of what is desirable, which influences the selection from available modes, means and ends of behavior. Allport (1961) suggested that a value is a belief upon which one acts by preference manifested in either a cognitive, motor, or deeply propriate disposition. Tisdale (1961) stated, "Values are inferred motivational constructs associated with perceived differences in goal-directed behavior and indicated by the selection of action-alternatives within social situations." Ehrlich & Weiner (1961) offer the following as included in various definitions of values given by social scientists: their affective dimension, their desirability either in terms of long-range preferences or in terms of preferable alternatives in a given situation, their tendency to determine directionality of behavior and to result in a certain consistency of responses to recurrent situations, and their aspect both as means and goals of action. Finally, Rokeach (1973) defined a value as an enduring belief that a specific mode of conduct or end-state of

existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence. From these various definitions it is apparent that values are viewed as relatively stable explicit or implicit constructs which are associated with preferential means and ends of behavior. As such, it seems clear that values are important constructs for psychotherapists whose goals are to change the means and ends of behavior.

A number of the studies to be reviewed have reportedly assessed attitudes rather than values. Because of this it is important to briefly review the theoretical relationship between values and attitudes. Attitudes were viewed by Woodruff (1942) as functions of values. Allport (1961) also indicated that attitudes depend on pre-existing social values. In distinguishing between values and attitudes, Welkowitz et al. (1967) determined that the value concept focuses more on dominant or deviant attributes of a culture or subculture while the attitude concept involves a specific opinion of an individual. Rokeach (1968) explains that an attitude differs from a value in that an attitude refers to an organization of several beliefs around a specific object or situation while a value is a single belief concerning a desirable mode of behavior that guides actions, attitudes, judgments, and comparisons. However, Newcomb, Turner, & Converse (1965) discussed values as conceived of as inclusive attitudes, i.e., attitudes and values are not different except in terms of bandwidths of concept. Kessel

& McBrearty (1967) also concluded that values and attitudes are not qualitatively different constructs but are standards of desirability involving cognitive, affective, and behavioral elements of the evaluative process. Overall, attitudes do not appear to be qualitatively different than values.

Robinson & Shaver (1973) report values differ operationally from attitudes only in being fewer in number, more general, more central and pervasive, less situation based, and more resistant to modification. They view values as influencing judgments and actions beyond immediate or specific situations by providing an abstract frame of reference for perceiving and organizing experience and for choosing among courses of action.

In terms of assessment, there is no significant difference between values and attitudes except that attitude measures are generally more specific and limited, in comparison with value measures which are more global. Measurement of attitudes and values typically involves either rating them on some dimension, or ranking them in terms of importance. Catton (1954) found these two type of measures to correlate almost perfectly. Both attitudes and values appear to be indicators of desirability differing primarily in their range of applicability. As such, they will be viewed as similar concepts in this review.

The Impact of Similarity and Convergence of Values on Psychotherapy Outcome

Perceived initial values similarity and initial expectations

Cognitive consistency theories (Heider, 1958; Newcomb, 1968) and related research (Bryne, 1961) suggest that individuals are more attracted to people who they perceive as being similar to themselves than those who they perceive as being dissimilar. In the client/therapist dyad, one may also hypothesize this to be the case. Several analogue studies have examined the hypothesized relationship between values similarity and attraction (Good, 1975; Good & Good, 1972; Hlasny & McCarrey, 1980; Lewis & Walsh, 1980; Tessler, 1975). In these studies, individuals, typically undergraduate students, were asked to complete some type of value measure. They were then led to believe that a simulated therapist had values similar or dissimilar to their own. In general, these studies have demonstrated individuals to be more attracted to those therapists they perceive as similar to themselves than to those they perceive as dissimilar.

All of these studies found individuals who believed that the therapist had values similar to their own had significantly higher evaluations of these therapists than those individuals who perceived the therapist to be dissimilar to them in values. Several of these studies

investigated the impact of perceived value similarity on the individual's attitude toward potential treatment. Individuals who perceived themselves as similar in values to the therapist were more willing to see a therapist (Lewis & Walsh, 1980), recommend a therapist to a friend (Good, 1975), and more willing to discuss with a therapist academic problems, problems in family relation, problems with the opposite sex and emotional problems (Good & Good, 1972). These findings demonstrate that perceived value similarity is related to significantly better attitudes toward therapy than is perceived value dissimilarity.

Perceived value similarity was found to be significantly related to more positive evaluations of a simulated therapist's characteristics. Therapists perceived as similar in values were rated significantly higher than dissimilar ones with respect to: open-mindedness, ability to promote feelings of ease, understanding of people and attractiveness to oneself (Good & Good, 1975); sympathy and understanding (Good, 1972); and attractiveness and trustworthiness (Lewis & Walsh, 1980). Thus, individuals who perceive therapists to be similar in values appear to view them as having more positive characteristics than therapists they view as being dissimilar.

Finally, perceived value similarity has been significantly related to higher ratings of expected treatment effectiveness than has value dissimilarity (Good, 1975; Good & Good, 1972; Hlasny & McCarrey, 1980). In a

related study, Lewis and Walsh (1980) investigated the relationship of perceived similarity on a specific value, attitude toward premarital sex, with student's rating of the potential helpfulness with various problems. Their results demonstrated that students rated more confidence in therapists with a similar value concerning sexual behavior solely for a problem directly concerned with that value. Confidence in problems unrelated to sexual values was not affected. Thus, it appears that perceived similarity on specific values is critical to an individual's confidence in the therapist for problems related to that value.

Tessler (1975) investigated the effects of perceived value similarity on student's ratings of relationship-centered satisfaction (client's sense of closeness to the counselor) and of problem-centered satisfaction (client's perception of the counselor's ability to help). Greater relationship-centered satisfaction was reported when students expected the therapist to be similar to themselves than when they did not. No significant correlation was found between problem-centered satisfaction and perceived similarity. This may be due to the fact that a single session of interaction was used wherein student's problems were role-played. One must question the degree of problem-centered satisfaction or perceived value similarity that could be expected under these conditions. Nevertheless, this study raises the question of whether perceived value similarity differentially affects various dimensions of

expected client satisfaction. Individuals who perceive therapists to be similar in values may report greater satisfaction with the therapy relationship but not any greater satisfaction with therapy.

While perceived value similarity has been demonstrated to elicit more favorable evaluations of the therapist and therapy, therapist's characteristics may actually override the significance of this factor. Hlasny and McCarrey (1980) examined the effects of the interaction of perceived value similarity and perceived therapist warmth on student's ratings of trust of therapist. Their results showed that only when warmth was low did high similarity of values elicit higher ratings of trust of the therapist. Additional investigation will be necessary to clarify this important issue.

The research in this area, while limited in generalizability by its analogue design, does offer some support for the hypothesis that individuals who perceive simulated therapists to have similar values to their own have more favorable attitudes toward potential therapists and therapy. As analogue studies this research can not show whether these positive attitudes have any significant relationship with improved therapy outcome since no actual therapy occurred and no real clients were utilized. Perhaps the most significant finding is that perceived value similarity increases individual's reports of being willing to go to therapy. There is however no

evidence to show that this type of attitude is related to an increased tendency to actually go to therapy. Some research has suggested a significant positive relationship between the client's expectancies of improvement and their judged improvement (Goldstein, 1960; Lennard & Bernstein, 1960; Lipkin, 1954). In addition, social psychological research on attitude change has demonstrated that a person's attitudes will be more influenced by those he likes (McGuire, 1969). In exploring this area, one must consider the issue of whether similarity merely enhances the client's satisfaction with the therapy relationship or whether the client's psychotherapy outcome is improved as well.

Initial Similarity and Outcome

In addition to being positively correlated with more favorable evaluations of the therapists and therapy, value similarity has been significantly related to improved client psychotherapy outcome (Cook, 1966; Holzman, 1962; Landfield & Nawas, 1964; Parloff et al., 1960, Welkowitz et al, 1967). These studies typically assess both client and therapist values with the same measures at the beginning of treatment. A wide variety of measures have been utilized for assessing values ranging from ratings of specific attitudes toward Jesus Christ and Karl Marx (Beutler, Jobe, & Elkins, 1974) to a ranking of paragraphs describing various ways to live (Pettit et al., 1974; Welkowitz et al., 1967). The degree of value similarity between client

and therapist is usually determined by an analysis of the differences between their scores on these measures. This number is then correlated with some outcome measure(s). Psychotherapy outcome has also been assessed in a variety of ways ranging from therapist's ratings of client improvement (Martini, 1978; Welkowitz et al., 1967) to client's change in score on a self-concept measure (Lesser, 1961). Since virtually no two studies are alike in terms of the measures utilized, comparisons among studies are difficult. Nonetheless, some general comparisons may be made.

Of the eleven studies investigating the relationship of initial similarity and outcome, nine evaluated this relationship in the context of individual, outpatient psychotherapy. The results of these nine studies show that four found a significant relationship between dissimilarity and improvement (Edwards & Edgerly, 1968; Lesser, 1961; Martinez, 1985; Pettit et al., 1974), two found a significant positive relationship between initial value similarity and improvement (Landfield & Nawas, 1964; Welkowitz et al., 1967), two found similarity on some values and dissimilarity on others to be related to improvement (Arizmendi et al., 1985; Beutler et al., 1978), one found medium similarity significantly related to improvement (Cook, 1966), and one found no significant relationship between similarity and improvement (Beutler et al., 1983). Two studies found a significant positive relationship between initial similarity and improved outcome in the

context of group psychotherapy (Beutler et al., 1974; Martini, 1978). These findings do suggest that the relationship between client and therapist initial values is significantly related to improvement. The nature of this relationship is not clear at first glance however due to the mixed results. A closer look at the methodology employed in these studies may help to clarify this relationship.

Values measurement. In comparing the results of these studies, the particular values assessed is one factor which may account for the mixed results. While a few studies did utilize the same value measure, no two studies assessed the similarity of values in the same fashion. Some researchers (Arizmendi et al., 1985; Beutler et al., 1983) have shown that similarity on some values and dissimilarity on other values are significantly related to improvement. While no single theory appears to account for these results, social comparison theory (Festinger, 1954) suggests that in general the more similar others are to you, the more comfortable you will be with them as models for comparison. Similarity on some values may facilitate a more comfortable context in which clients may evaluate the dissimilar values which may need to be changed in order to resolve the difficulties which brought them to therapy (Beutler, 1981). One way of explaining these mixed results is thus by concluding that in each study different values were assessed.

Significant positive relationships between initial similarity and improvement have been found in reference to

specific attitudes toward Jesus Christ and Karl Marx (Beutler et al, 1974), meaningfulness of client's personal constructs for understanding people (Landfield & Nawas, 1964), "terminal" values (ultimate goals) (Martini, 1978), what it means to live a meaningful life (Welkowitz et al, 1967), and on a wide range of personal preferences in all areas of life (Welkowitz et al, 1967). Significant positive relationships between initial dissimilarity and improvement were found with a wide variety of values as well. These include: combined evaluative responses to client problem areas (Edwards & Edgerly, 1968), self-concept (Lesser, 1961), the relative importance of religious values (Martinez, 1985), and value for submission to and respect for authority (Pettit et al, 1974).

Only two studies systematically investigated the relationship of initial similarity and dissimilarity on specific values with improvement. Arizmendi et al. (1985) found the most effective client-therapist matches were those in which there was dissimilarity on the terminal value of accomplishment, wisdom, and happiness, and similarity on the instrumental values of courage and politeness, and on the terminal values of excitement and national security. Beutler et al. (1978) reported dissimilarity on the attitude towards threat in the world and similarity on the attitude towards premarital sex significantly related to positive outcome. None of the values identified demonstrated mixed results; that is, similar in significance for improved

outcome in one study and dissimilar in significance in another. This supports the hypothesis that the mixed results may be due to the fact that in each study different values were assessed. It may be, as others have suggested (Arizmendi et al., 1985), that similarity on some values and dissimilarity on others may make for the most therapeutic outcomes.

In general, when value similarity correlated positively with improvement, the values reflected broader abstract, humanistic, or philosophical concerns, i.e. specific attitudes toward Jesus Christ and Karl Marx. Similarity on these values may be important in promoting an initial attraction to the therapist as suggested by the research on perceived initial similarity and initial expectations. On the other hand, the values on which dissimilarity correlated positively with improvement appear to more directly relate to possible client problem areas, i.e. self-concept. The one study which explicitly assessed evaluative responses to client problem areas found dissimilarity significantly related to improved outcome (Edwards & Edgerly, 1968). It appears logical that clients and therapists may differ on values related to the problem(s) that brought the client to therapy. The therapist may then serve as a healthy contrasting model from which the client may learn more adaptive responses. Thus, while similarity on some values may be important in establishing a positive relationship between client and therapist, dissimilarity on other values

may be related to the clients' problem areas which need to be changed.

Only one study investigated the degree of similarity as a significant variable for improved outcome. Cook (1966) divided client/therapist dyads into groups of low, medium, and high similarity on the basis of their initial value assessment scores. The significance of differences in mean change scores was determined by a one-way analysis of variance across groups. The results showed medium value similarity was associated with significantly greater positive change than high or low similarity. Values were assessed by the Study of Values (Allport, Vernon, & Lindzey, 1960) which assesses the relative importance of six areas of values: theoretical, economic, aesthetic, social, political, and religious. This study was the only one reviewed which investigated the effects of medium similarity rather than simply high or low similarity. While the values assessed are very global, these findings do suggest that degree of similarity may be an important variable to investigate. Finally, one study (Beutler et al, 1983) found no significant relationship between either terminal values (ultimate goals) or instrumental values (values placed on various methods for achieving ultimate goals) and improvement. This study is of particular interest since it used the same value measure (Rokeach Value Survey, 1967) as two of the other studies. Martini (1978) did find a significant relationship between similarity in terminal

values and improvement. However, this study was done in the context of group therapy, while Beutler et al's (1983) study was done with clients in individual therapy. This may suggest that similarity in terminal values may be more significant for clients in group therapy than in individual. However, this hypothesis would have to be directly investigated since these two studies utilized different populations and a considerably different treatment length.

Arizmendi et al. (1985) used virtually the same methodology as Beutler et al. (1983). Although Arizmendi et al. (1985) used the same value measure as Beutler et al. (1983), he examined the effects of specific values (i.e., independence, responsibility) on improvement while Beutler et al. (1983) looked only at the instrumental and terminal value systems which contain these specific values. These findings suggest that the relationship of value similarity to improvement may be so complex that it is necessary to investigate the effects of specific values rather than broad value systems which incorporate a variety of values. Although similarity on broad value systems has been significantly related with improvement (Martini, 1978; Welkowitz et al, 1967), Arizmendi et al's (1985) findings suggest that this relationship may be clarified by investigating the specific values contained within these values systems. This seems particularly important in light of the evidence which demonstrates that similarity on some values combined with dissimilarity on other values appears

to produce a maximally beneficial relationship. Studies which utilized broader values measures which incorporate a number of different values may have masked these more specific relationships.

Another question to be asked in regards to the value assessment selected concerns the relevancy of these values to therapy. This question has been largely ignored in the research to date. One study did consider the centrality of values as a variable (Beutler et al, 1974). Specific attitudes were grouped according to low, medium, and high centrality according to the rationale presented by Rokeach (1968). Attitude toward need for approval, the threatening nature of the world, and the existence of God were considered to have high centrality. Attitudes toward Jesus Christ and Karl Marx were considered of medium centrality. Attitudes toward premarital sex and the need for laws were considered of low centrality. Results showed that similarity only on the attitudes of medium centrality were significantly related to improved outcome. While far from conclusive, this study raises the question of the relative importance of similarity on various values for improved psychotherapy outcome. Outcome measurement. The outcome measure(s) utilized is the other significant variable to be considered in the area of initial similarity and outcome. As mentioned earlier, the outcome measures utilized by these studies vary and present differing implications for their results. Outcome is generally assessed by therapist

ratings, client ratings, external expert ratings, and/or some other "objective" measure. Studies utilizing only the individual therapist rating may be best described as presenting results which reflect the effect of value similarity on therapist's judgment of improvement rather than an objective measure of improvement. In fact, some studies utilizing only therapist's ratings do make this statement.

A significant correlation between value similarity and improvement ratings were found in studies using only individual therapist (Martini, 1978; Welkowitz et al, 1967) or external expert (Landfield & Nawas, 1964) ratings. Value dissimilarity and improvement were significantly related for client ratings only (Martinez, 1985), cognitive changes (Edwards & Edgerly, 1968), ideal-self change (Lesser, 1961), and duration of treatment (Pettit et al, 1974). A combination of similarity on some values and dissimilarity on other values was significantly related to improvement as measured by therapist ratings and symptom changes (Arizmendi et al, 1985) and client but not therapist ratings (Beutler et al, 1974). A significant relationship was found between medium value similarity and improvement as assessed by change in meaning on specific concepts (Cook, 1966). Finally, the relationship between value similarity and improvement was not found to be significant for client or therapist ratings (Beutler et al, 1983).

These mixed findings are particularly difficult to analyze due to the variety of value measures used. Two studies (Beutler et al, 1974; Martinez, 1985) found significant results with client but not therapist ratings which may indicate that similarity and dissimilarity on these particular sets of values has more significant impact on the client's evaluation of outcome than the therapist's. Realistically, improvement in psychotherapy is most often subjectively gauged by the client and therapist. Because of this, it makes sense to investigate the effects of initial similarity on their perceptions of client's psychotherapy outcome. Nevertheless, if actual client changes are to be evaluated, more objective outcome measures could be utilized. The SCL-90R, a symptom checklist, utilized in conjunction with therapist ratings by Arizmendi et al. (1985) seems to be the most reliable measure thus far. More standardization in the measures utilized between studies will be necessary however to clarify the findings in this field.

The findings in this area do suggest that a combination of similarities on some values combined with dissimilarities on others make for the most therapeutic matches. Similarity on broader philosophical values may be important in establishing a positive relationship between client and therapist, while dissimilarity on values more specifically related to the client's areas of difficulties may need to be dealt with for psychotherapy to be successful. It appears

that the similarity of client and therapist values may be important to influence later positive client change even though these particular values are not changed in therapy. On the other hand, if dissimilar values are related to clients' problem areas, these clients' values may become more like (or converge toward) the therapist's over the course of successful psychotherapy. The following section examines this hypothesis in addressing the changes in clients' values during psychotherapy.

Convergence and Outcome

While the research suggests that initial similarity on some specific values and dissimilarity on others is significantly related to improvement, another related area of study investigates what happens to these client values during the course of therapy. A number of studies have demonstrated that clients tend to adopt the values of their therapist (convergence) and that this tendency has been significantly related to improved outcome (Kessel & McBrearty, 1967). While both social judgment theory (Sherif & Hovland, 1961) and cognitive dissonance theory (Festinger, 1954) have been suggested to explain this process, neither effectively accounts for this phenomenon. Psychotherapy has, however, been viewed as a process of interpersonal persuasion in which the therapist attempts to influence the beliefs, behaviors, and/or feelings of the client in a way

that will lead to increased personal adjustment (Beutler et al., 1983).

Several studies have investigated the relationship between convergence and psychotherapy outcome. Typically, these studies involve an initial assessment of client and therapist on the same value measure(s). Client values are then reassessed after a

period of therapy. Therapist's scores have been shown to be relatively stable compared to client scores and thus are only assessed initially. The degree to which clients acquired their therapist's values during the course of therapy was then assessed by subtracting the average difference on posttesting from the average difference observed in pretesting. Here again virtually every study uses a different value measure. These measures assess values ranging from opinions concerning appropriate therapy behavior (Schonfield et al., 1969) to specific attitudes toward Christianity and Communism (Beutler et al., 1978). Client outcome is assessed and then correlated with the degree of convergence. Outcome measures also vary widely between studies with measures ranging from therapist ratings (Beutler, 1971a, 1971b; Welkowitz et al., 1967) to changes in MMPI scores (Melnick, 1972).

Of the fifteen studies investigating the relationship between convergence and improved outcome, eleven suggest a significant positive relationship, while four report no significant relationship. This relationship has been

evaluated with both inpatients and outpatients. While the majority of studies investigating convergence and outcome have used outpatients only, several different treatment modalities have been evaluated. However, ten of the fifteen studies reviewed have investigated convergence and improvement in individual treatment with outpatients. Of these ten studies, eight found a significant positive relationship between convergence and improvement. Thus, it would appear that convergence does occur in individual, outpatient psychotherapy, and it is positively related to improvement.

Beutler (1971b) evaluated the relationship between convergence and psychotherapy in group, individual, and family therapy. No significant relationships were found for any of these modalities. Of the two studies investigating this relationship in marital therapy, one (Beutler, 1971a) found no significant relationship between convergence with the therapist and improvement, but convergence between spouses was significantly related to improvement. The other study (Gurman, 1974) used the same value measure and found convergence to be significantly related to improvement depending on the criteria of improvement and the rater of improvement. Thus, the impact of convergence on psychotherapy outcome in marital therapy may depend on "who" is evaluating the change and "what" change is being evaluated. However, at this point the degree to which convergence is associated with improvement in marital and

family therapy is largely unexplored and thus not entirely clear.

One study (Holzman, 1961) evaluated both inpatients and outpatients. This study also divided each of these groups into a group similar in life situation to the therapist group and a group dissimilar. The variables used to assess similarity of life situation were age, education, occupation, intelligence, religion, and race. For outpatients similar in life situation to their therapist, convergence was significantly associated with improvement. There was no significant relationship for outpatients dissimilar in life situation. Inpatients showed a significant tendency compared with outpatients toward decreased similarity in value judgments to their therapist over the course of treatment. Two other studies investigated this relationship with inpatients alone. One (Beutler, 1975) found no significant relationship between convergence and improved outcome. The other (Parloff et al, 1960) found a significant relationship. However, this latter study included only two subjects making its results difficult to generalize even though value measurements were made daily for one year of therapy. The relationship of convergence and improvement for inpatients will require further investigation. The present results suggest that the significant positive findings with outpatients may not apply to inpatients.

Another study (Rosenthal, 1955) mixed inpatients and outpatients and found a significant relationship between convergence and improvement. Since the two groups were not analyzed separately, no conclusions regarding their differences can be drawn from this study.

Several studies have suggested the importance of treatment length in increasing convergence and the relationship of convergence with improvement. Welkowitz et al's (1967) results suggest that convergence increases over time. Another study (Schonfield et al., 1969) showed no significant relationship between convergence and improvement after five weeks of therapy, but a significant relationship between the two from five to fifteen weeks. These results suggest that convergence does increase over time. This appears logical since the longer a client is exposed to a therapist the greater the opportunity he has to internalize the therapist's values. Of the fifteen studies reviewed in this section, all ten of those utilizing a therapy length of twelve or more sessions found a significant relationship between convergence and improvement. Of those five studies with less than a minimum of twelve sessions, four found no significant relationship between convergence and improvement. One possible explanation for these non significant findings is that therapy was not of sufficient length to allow for convergence to take place.

As mentioned previously, virtually all of these studies have used different value measures. The significance this

holds is probably best demonstrated by the first study to systematically investigate the relationship of convergence with improved outcome. Rosenthal's (1955) results suggest that not all values are influenced by therapy. Indeed, his study hypothesized that moral values change in therapy because they are at the center of neurotic conflicts, the client learns to accept the moral values of his therapist, and alleviation of psychological distress accompanies this change. Other values were hypothesized not to be influenced by therapy since they were presumed to not be at issue either in the conflict or its treatment. These were values such as the six found on the Study of Values (Allport, Vernon, and Lindzey, 1960). Rosenthal's (1955) results supported his hypotheses in that convergence on moral values was associated with improvement while no significant relationship was found for the values assessed by the Study of Values.

Since convergence on some values appears to be significantly related to improvement while it does not on others, it is important to identify those values on which convergence has been significantly related with improvement. These values include: terminal values (Beutler et al, 1983); specific attitudes towards others' approval, threatening nature of the world, God, Communism, Christianity, social laws, and premarital sex (Beutler et al, 1978); attitudes toward sexual relationships outside marriage, masturbation, obedience to the law, parent-child

authority relationship, and expression of anger (Gurman, 1974); goals for therapy (Hill, 1969); global values (Holzman, 1962); meaningfulness of personal constructs most and least important in understanding people (Landfield & Nawas, 1964), clients' ratings of their similarity to their therapist (Melnick, 1972); religious orientation (Martinez, 1985); religious values (Martinez, 1985); importance of client's topics for therapy (Parloff et al, 1960); moral values (Rosenthal, 1955); opinions concerning appropriate behavior in psychotherapy (Schonfield et al, 1969); ways to live (Welkowitz et al, 1967); and a wide range of personal preferences in all area of life (Welkowitz et al, 1967). Thus, convergence on a wide variety of values appears to be significantly related to improved outcome. These values may be related to client problem areas. However, these are difficult to pinpoint since all of the measures used involve sets of values rather than specific values.

As Rosenthal (1955) recognized, it appears just as important to acknowledge those values which have not been found significant for the relationship of convergence and improvement. These include: attitudes toward sexual relationships outside marriage, masturbation, obedience to legal authority, parent-child authority relationships, and acceptability of hostile and aggressive impulses (Beutler, 1971a, 1971b); evaluative values in a variety of content areas (Beutler et al, 1975); meaningfulness of personal constructs most important for understanding people (Nawas &

Landfield, 1963); and the relative importance of six values: theoretical, economic, aesthetic, social, political, and religious (Rosenthal, 1955). Again, it is difficult to distinguish the specific values which are not significant for convergence since the measures used reflect sets of values.

Gurman (1974) did find significant results with marital therapy, while Beutler (1971a) reported non significant results utilizing the same modality and value measure. However, Beutler (1971a) utilized only therapist's ratings of overall improvement, whereas Gurman (1974) used therapist's and client's ratings on three dimensions of improvement. Gurman (1974) found the relationship between convergence and improvement to be dependent on the criterion and rater utilized. The impact of convergence on a therapist's rating of client improvement may very well be different that it's impact on clients' ratings of their own improvement. These ratings also seem qualitatively different than a more objective measure such as change in MMPI scores.

Since a variety of outcome measures have been utilized and results appear to vary significantly depending on the outcome measure and evaluator utilized (Gurman, 1974), it is important to review the various kinds of outcome measures utilized and the corresponding implications they have for the studies utilizing them. Of the seven studies utilizing therapist's ratings of client improvement, four found

significant relationships (Beutler et al, 1983; Gurman, 1974; Schonfield et al, 1969; Welkowitz et al, 1967) while three found no significant relationships (Beutler, 1971a, 1971b; Beutler et al, 1975). However, Beutler's (1971b) study used inpatients and Beutler et al.'s (1975) study used group, individual, and family therapy. Since the other five studies used individual, outpatient therapy only with four finding a significant relationship, it appears that convergence is significantly related to improved outcome as measured by therapist's ratings in individual, outpatient therapy. The relationship of convergence with therapist's ratings of outcome with inpatient or with other treatment modalities remains largely unexplored and unclear.

Six studies utilized clients' reports of improvement with split results, three demonstrating a significant positive relationship with similarity of values (Beutler et al, 1978; Gurman, 1974; Schonfield et al, 1969) and three a non significant relationship (Beutler et al, 1975; Beutler et al, 1983; Hill, 1969). Three studies utilized independent judges with two reporting significant positive results (Landfield & Nawas, 1964; Rosenthal, 1955) and one non significant results (Nawas & Landfield, 1963). Four studies utilized both therapist and client ratings with two finding significant results on both (Gurman, 1974; Schonfield et al, 1969), two with significance on therapist ratings but not client's (Beutler et al, 1983; Martinez, 1985), and one with no significant findings (Beutler et al.,

1975). Beutler et al., (1975) was the only study to use inpatients however. These mixed results are difficult to analyze due to the variety of value measures employed. It may be that convergence on certain values has greater effect on client or therapist evaluations of improvement than on others. However, this hypothesis will need to be more systematically investigated. Other studies have employed more "objective" measures. One such study (Schonfield et al, 1969) utilized improvement on target complaints in addition to therapist and client ratings. While the latter two proved significant, the former did not. This may be indicative of the positive effect of convergence on subjective ratings although no significant objective change is observed. Another explanation is that the particular objective measure utilized was not sensitive to the particular changes evidenced.

However, convergence has been significantly related to improvement on several "objective" criterion. These include MMPI scores (Melnick,1972), social adaptation (Holzman, 1962), and discharge (Parloff et al, 1960). The validity of the latter results must be questioned as only two subjects were involved in the study. The other two criterion, however, appear to be well validated. Hopefully, future studies will utilize outcome measures such as this to clarify the relationship of convergence with improved outcome.

Client's do appear to adopt their therapist's values over the course of successful psychotherapy. This phenomenon is most evident in individual, outpatient therapy where treatment is of sufficient length for convergence to occur and where therapist's ratings of client outcome are used. Convergence has been demonstrated on a wide variety of values ranging from moral values (Rosenthal, 1955) to importance of client's topics for therapy (Parloff et al., 1960). Unfortunately, few studies have provided sufficient rationale for the values assessed. This has made it difficult to test the hypothesis that initially dissimilar values are related to clients' problem areas and in coming to adopt their therapists' values, clients achieve improved outcomes. In addition, the value measures used are typically quite global which makes it difficult to pinpoint the specific values on which convergence occurs. Comparisons between studies are difficult since the research in this area has been quite unstandardized in utilizing a wide variety of value and outcome measures. The present body of research does however present sufficient evidence to encourage future research which should more systematically seek to clarify the relationship of convergence of particular values with outcome. That convergence does occur in therapy appears clear although this convergence appears limited to particular sets of values. Further research may demonstrate more clearly on what particular values

convergence is important for improved client psychotherapy outcome.

Conclusions

The foregoing review provides support for values as an important factor which impacts clients' psychotherapy outcome. Individuals who perceive simulated therapists to have similar values to their own have more favorable attitudes toward potential therapists and therapy. Initial similarity on some values is significantly and positively correlated with improved client psychotherapy outcome, while initial dissimilarity on other values has the same significant, positive effect. Finally, clients do appear to converge toward the values of their therapists in successful psychotherapy. Thus, values impact clients' psychotherapy outcome in several ways.

The most consistent findings in this review demonstrate that clients come to adopt the values of their therapist's and that this convergence is significantly related to their improved psychotherapy outcome. This relationship is most clearly demonstrated in individual, outpatient therapy where therapist's ratings of client outcome are the improvement criteria. Length of treatment was shown to be a significant factor for the occurrence of convergence. While convergence on some values appears to be significantly related to improvement, convergence on other values shows no significant relationship. Since the current limited number of studies have utilized a wide variety of value and outcome measures, comparisons among studies are difficult. Future

research which more systematically evaluates these relationships will help to clarify which specific values or sets of values are significant for clients' improvement in psychotherapy.

In line with cognitive consistency theories (Heider, 1958; Newcomb, 1968), individuals who believe a simulated therapist is similar to them in values have significantly more favorable evaluations of the therapist and therapy than do those who believe the therapist to be dissimilar to themselves. Thus, similarity in values may be a significant factor in establishing an initial positive relationship with a therapist and greater expectations for the effectiveness of therapy. Other research (Goldstein, 1960; Lennard & Bernstein, 1960; Lipkin, 1954) has indeed suggested a significant positive relationship between client's expectancies of improvement and their judged improvement.

But does actual initial value similarity improve psychotherapy outcome? Festinger's (1954) social comparison theory suggested that the more similar others are to you, the more comfortable you will be with them as models for comparison. However, the results are mixed. Similarity on some values is significantly related to improved outcome while dissimilarity on other values is also significantly related to improved outcomes. The research reviewed here provides some support for the hypothesis that although no one theory accounts for this phenomenon, it may be that initial similarity on broader philosophical values (i.e.,

attitudes toward Jesus Christ and Karl Marx) are important to establish a positive relationship, while initial dissimilarity in values related to client problem areas (i.e., self-concept) lead to improved outcome as these problems are resolved in therapy. Unfortunately, very little research has focused on investigating the relationship of similarity and dissimilarity of specific values with improvement. Future research may identify more specifically the values that are relevant to improved psychotherapy outcome.

Studies investigating the effect of values on psychotherapy have utilized a variety of value assessment measures. This variety makes comparisons among studies very difficult. Findings in this area will be clarified considerably by a more systematic assessment of values and standardization of value and outcome measures. Some researchers have logically suggested that some values may be relevant to therapy while others may not. Few studies have provided sufficient rationale for the values assessed. Global value measures while perhaps more readily available often combine such a mix of values that results are difficult to interpret. Arizmendi et al's (1985) recent research demonstrates the utility of more specific value assessment in clarifying the complex relationships of values similarity and/or dissimilarity with improvement. Current values measures such as the Rokeach Value Survey (Rokeach, 1967) may be used with greater specificity. Research on the

impact of values on psychotherapy would be aided considerably by the development of additional value measures which are more specific and relevant to psychotherapy.

Outcome measures have also varied widely in the studies reviewed. Few studies include any objective criterion of improvement and rely instead on therapist or client ratings. These subjective judgments are realistically the way most psychotherapy is evaluated. Therefore, it is important to investigate the impact value similarity has on these perceptions. However, validation of improved outcome must be demonstrated by multiple outcome criterion.

An empirical validation of values as a significant factor in psychotherapy presents serious implications for psychotherapists. No longer can therapists deny the impact their values have on their clients. The strongest finding in the foregoing review demonstrated that clients come to adopt the values of their therapist's. This evidence places an ethical responsibility on therapists to recognize and evaluate the values they hold since these values will impact their clients.

References

Allport, G.W. (1961). Pattern and growth in personality. New York: Holt, Rinehart & Winston.

Allport, G.W., Vernon, P.E., & Lindzey, G. (1960). Study of Values (3rd ed.). Boston: Houghton Mifflin.

Arizmendi, T.G., Beutler,L.E., Shanfield, S.B., Crago, M., & Hagaman, R. (1985). Client-therapist value similarity and psychotherapy outcome: a microscopic analysis. Psychotherapy, 22, 17-21.

Bergin, A.E. & Lambert, M.J. (1978). The evaluation of therapeutic outcomes. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (2nd ed.). New York: Wiley, 1978.

Bergin, A.E. & Suin, R.M. (1975). Individual psychotherapy and behavior therapy. Annual Review of Psychology, 26, 509-556.

Beutler, L.E. (1971a). Attitude similarity in marital therapy. Journal of Consulting and Clinical Psychology, 37, 298-301.

Beutler, L.E. (1971b). Predicting outcomes of psychotherapy: A comparison of predictions from two attitude theories. Journal of Consulting and Clinical Psychology, 37, 303-308.

Beutler, L.E. (1979). Values, beliefs, religion and the persuasive influence of psychotherapy. Psychotherapy: Theory, Research and Practice, 16, 432-440.

Beutler, L.E. (1981). Convergence in counseling and psychotherapy: a current look. Clinical Psychology Review, 1, 79-101.

Beutler, L.E., Arizmendi, T.G., Crago, M., Shanfield, S., & Hagaman, R. (1983). The effects of value similarity and clients' persuadability on value convergence and psychotherapy improvement. Journal of Social and Clinical Psychology, 1, 231-245.

Beutler, L.E., Jobe, A.M., & Elkins, D. (1974). Outcomes in group psychotherapy: using persuasion theory to increase treatment efficiency. Journal of Consulting and Clinical Psychology, 42, 547-553.

Beutler, L.E., Johnson, D.T., Neville, C.W., Jr., Elkins, D., & Jobe, A.M. (1975). Attitude similarity and therapist credibility as predictors of attitude change and improvement in psychotherapy. Journal of Consulting and Clinical Psychology, 43, 90-91.

Beutler, L.E., Johnson, D.T., Neville, C.W., Jr., & Workman, S.N. (1973). Some sources of variance in "accurate empathy" ratings. Journal of Consulting and Clinical Psychology. 40, 167-169.

Beutler, L.E., Pollack, S., & Jobe, A.M. (1978). "Acceptance," values and therapeutic change. Journal of Clinical Psychology 46, 198-199.

Byrne, D. (1961). Interpersonal attraction and attitude similarity. Journal of Abnormal and Social Psychology, 62, 713-715.

Catton, W.R., Jr. (1954). Exploring techniques for measuring human values. American Sociological Review, 19, 49-55.

Claiborn, C.D., Hackman, H.W., & Martinez, F.I. (1982). Behavioral cues to counselor attractiveness. First study of an unpublished two-study manuscript.

Cochran, L. (1983). Implicit versus explicit importance of career values in making a career decision. Journal of Counseling Psychology, 30, 188-193.

Cook, T.E. (1966). The influence of client-counselor value similarity on change in meaning during brief counseling. Journal of Counseling Psychology, 13, 77-81.

Edwards, B.C. & Edgerly, J.W. (1968). Effects of counselor-client cognitive congruence on counseling outcome in brief counseling. Journal of Counseling Psychology, 17, 313-318.

Ehrlich, D. & Weiner, D.N. (1961). The measurement of values in psychotherapeutic settings. The Journal of General Psychology, 64, 359-372.

Ellis, A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stuart.

Ellis, A. (1971). Growth through reason. Palo Alto, California: Science and Behavior Books.

Festinger, L. (1954). A theory of social comparison processes. Human Relations, 7, 117-140.

Goldstein, A.P. (1960). Patient expectancies and nonspecific therapy as a basis for (un)spontaneous remission. Journal of Clinical Psychology, 16, 399-403.

Good, L.R. (1975). Attitude similarity and attraction to a psychotherapist. Journal of Clinical Psychology, 31, 707-709.

Good, L.R. & Good, K.C. (1972). Attitude similarity and evaluation of potential counselors. Psychological Reports, 31, 963-966.

Gurman, A.S. (1974). Attitude change in marital cotherapy. Journal of Family counseling, 2, 50-54.

Heider, F. (1958). The psychology of interpersonal relations. New York: Wiley.

Hill, J.A. (1969). Therapist goals, patient aims and patient satisfaction in psychotherapy. Journal of Clinical Psychology, 25, 455-459.

Hlasny, R.G. & Mccarey, M.W. (1980). Similarity of values and warmth effects on clients' trust and perceived therapist's effectiveness. Psychological Reports, 46, 1111-1118.

Holzman, M.S. (1961). The significance of the value systems of patient and therapist for the outcome of psychotherapy. Dissertation abstract international, 22, 4073.

Kessel, P. & McBrearty, J.F. (1967). Values and psychotherapy: a review of the literature. Perceptual and Motor Skills, 25, 669-690.

Kluckhohn, C. (1952). Values and value orientations in the theory of action: an exploration in definition and classification. In T. Parsons & E.A. Shils (Eds.), Toward a general theory of action. Cambridge, Mass.: Harvard Univer. Press.

Lambert, M.J. & Bergin, A.E. (1973). Psychotherapeutic outcomes and issues related to behavioral and humanistic approaches. Cornell Journal of Social Relations, 8, 47-61.

Landfield, A.W. & Nawas, M.M. (1964). Psychotherapeutic improvement as a function of communication and adoption of therapist's values. Journal of Counseling Psychology, 11, 336-341.

Lennard, H.L. & Bernstein, A. (1960). The anatomy of psychotherapy. Systems of communication and expectation. New York: Columbia University Press.

Lesser, W.M. (1961). The relationship between counseling progress and empathic understanding. Journal of Counseling Psychology, 8, 330-336.

Levitin, T. Values. In J.P. Robinson and P.R. Shaver (Eds.), Measures of Social Psychological Attitudes (pp. 489-502). Ann Arbor, Mich.: Institute for Social Research, University of Michigan.

Lewis, K.N. & Walsh, W.B. (1980). Effects of value-communications style and similarity of values on counselor evaluation. Journal of Counseling Psychology, 27, 305-314.

Lipkin, S. (1954). Clients' feelings and attitudes in relation to the outcome of client-centered therapy. Psychological Monographs. 68 (1, Whole No. 372).

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapy: Is it true that "Everyone has won and all must have prizes?" Archives of General Psychiatry, 32, 995-1008.

Martinez, F.I. (1985). The effects of counselor-client convergence and similarity of values and religious beliefs on improvement. Unpublished doctoral dissertation, University of Nebraska - Lincoln.

Martini, J.L. (1978). Patient-therapist value congruence and ratings of client improvement. Counseling and Values, 23, 25-32.

Melnick, B. (1972). Patient-therapist identification in relation to both patient and therapist variables and therapy outcomes. Journal of Consulting and Clinical Psychology, 38, 97-104.

McGuire, W.J. (1969). The nature of attitudes and attitude change. In G. Lindzey & E. Aronson (Eds.), The handbook of social psychology. Vol. 3. (2nd Ed.). Reading, Mass.: Addison- Wesley.

Nawas, M.N. & Landfield, A.W. (1962). Improvement in psychotherapy and adoption of the therapist's meaning system. Psychological Reports, 13, 97-98.

Newcomb, T.M. (1968). Interpersonal balance. In R.P. Abelson, E. Aronson, W.J. McGuire, T.M. Newcomb, M.J. Rosenberg, & R.H. Tannenbaum (Eds.), Theories of Cognitive Consistency: A sourcebook. Chicago, Illinois.: Rand McNally.

Newcomb, T.M., Turner, R.H., & Converse, A.E. Social psychology: the study of human interaction. New York: Holt, Rinehart, & Winston, 1965.

Parloff, M.B., Iflund, B., & Goldstein, N. (1960). Communication of "therapy values" between therapist and schizophrenic patients. Journal of Nervous and Mental Disease, 130, 193-199.

Parloff, M.B., Waskow, I.E., & Wolfe, B.E. (1978). Research on Therapist variables in relation to process and outcome. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: John Wiley & Sons.

Pettit, I.B., Pettit, T.P., & Welkowitz, J. (1974). Relationship between values, social class, and duration of psychotherapy. Journal of Consulting and Clinical Psychology, 42, 482-490.

Pittel, S.M., & Mendolsohn, G.A. (1969). Situational appraisal inventory: development and validity of a measure of evaluative attitudes. Journal of Consulting and Clinical Psychology, 37, 396-405.

Rokeach, M. (1968). Beliefs, attitudes, and values. San Fransico: Jossey, Boss, Inc.

Rokeach, M. (1973). The nature of human values. New York: Free Press.

Rokeach, M. (1967). Value survey. Sunnyvale, CA: Halgren Tests.

Rosenthal, D. (1955). Changes in some moral values following psychotherapy. Journal of Consulting Psychology, 19, 431-436.

Samler, J. (1960). Changes in values: a goal in counseling. Journal of Counseling Psychology, 7, 32-39.

Schonfield, J., Stone, A.R., Hoehn-Saric, R., Imber, S.D., & Pande, S.K. (1969). Patient-therapist convergence and measures of improvement in short-term psychotherapy. Psychotherapy: Theory, Research and Practice, 6, 267-272.

Sherif, M. & Hovland, C. (1961). Social judgment: Assimilation and contrast effects in communication and attitude change. New Haven: Yale University Press.

Sloane, R.B., Staples, F.R., Crostol, A.H., Yorkston, N.J., & Whipple, K. (1975). Psychotherapy versus behavior therapy. Cambridge, Mass.: Harvard University Press.

Tessler, R.C. (1975). Clients' reactions to initial interviews: determinants of relationship-centered and problem-centered satisfaction. Journal of Counseling Psychology, 22, 187-191.

Tisdale, J.R. (1961). Psychological value theory and research: 1939-1960. Dissertations Abstracts International, 22, 1244.

Truax, C.B. (1971). The role of central interpersonal skills and self-exploration in cognitive and non-cognitive learning. Unpublished manuscript, University of Calgary.

Truax, C.B. & Carkhuff, R.R. (1967). Toward effective counseling and psychotherapy: Training and practice. Chicago: Aldine.

Truax, C.B. & Mitchell, K.M. (1971). Research on certain therapist interpersonal skills in relation to process and outcome. In A.E. Bergin and S.L. Garfield (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: Wiley.

Tyson, J.A., & Wall, S.M. (1983). Effect of inconsistency between counselor verbal and nonverbal behavior on perceptions of counselor attributes. Journal of Counseling Psychology, 30, 433-437.

Welkowitz, J., Cohen, J., & Ortmeyer, D. (1967). Value system similarity: investigation of patient-therapist dyads. Journal of Consulting Psychology, 31, 48-55.

Whitehorn, J.C., & Betz, B.A. (1954). A study of psychotherapeutic relationships between physicians and schizophrenic patients. American Journal of Psychiatry, 111, 321-331.

Whitehorn, J.C., & Betz, B.A. (1957). A comparison of psychotherapeutic relationships between physicians and schizophrenic patients when insulin is combined with psychotherapy and when insulin is used alone. American Journal of Psychiatry, 113, 901-910.

Whitehorn, J.C., & Betz, B.A. (1960). Further studies of the doctor as a crucial variable in the outcome of treatment of schizophrenic patients. American Journal of Psychiatry, 117, 215-223.

Woodruff, A.D. (1942). Personal values and the direction of behavior. School Review, 50, 32-42.